

# **2010 ACADEMY NOMINATION ACKNOWLEDGMENT FORM**

By signing this application acknowledgement form, I am acknowledging the following:

I have read the application instructions and requirements. I acknowledge that I am responsible for the content of this application and that all information provided is true and complete. If I do not submit my online application nor mail all of the necessary forms prior to the deadline, I will not be given consideration for a nomination from Senator Bond.

I am a legal resident of the State of Missouri and a United States citizen. My parent or guardian is domiciled in the State of Missouri. Domicile is defined as a person's fixed, permanent, and principal home for legal purposes.

Name (printed): \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_